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ABSTRACT

The ex-con's return home can be viewed as a potential crisis, wherein attempts to assist him in a successful transition can be helpful. From a group of first felonists about to be released on parole, 18 matched pairs were identified. One member of each pair was randomly selected and offered intensive outreach crisis counseling; the second member of each pair became a control subject. Although small, consistent negative findings were observed, data analysis suggests that positive outcomes were associated with counseling of poorer quality. It appears likely, however, that much of the counseling was of too poor a quality to be an important factor in the client's adjustment. Reasons for this low level of service include overestimation of the ex-con's "re-entry crisis," the unique difficulties inherent in outreach counseling, counselor inexperience and inadequate program funding. Intensive crisis counseling, with certain modifications in method, could be an effective means of reducing recidivism among recently released convicts. A new theoretical conception of crisis suggests that the person in crisis must also be in a state of "searching" for crisis intervention to have its special impact. (Author)

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INTENSIVE CRISIS INTERVENTION WITH EX-CONVICTS:

A CONTROLLED FIELD EXPERIMENT

by

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INTRODUCTION

This paper reports on an experimental investigation of a relatively new method of therapeutic intervention, Intensive Crisis Intervention. Based on crisis theory as developed by Caplan (1964), Hansell (1968, 1970, 1976) and Lindemann (1944), the approach was tailored in this case ot meet the unique needs of ex-convicts recently released from prison. This study is one of a series of experiments designed to test the effectiveness of this model (Caron and Knight, 1974).

The brief period just after the abrupt transition from institutional life to community life is believed to be a critical period for the reestablishment of self-concept, social network and means of economic support. The re-entry period is frought with both opportunity for growth and emotional hazard, and is thus viewed as a potential life-crisis. It is precisely at this point of potential crisis that the present research/service program attempted to intervene in the life of the ex-con, assisting him to make a crime free and personally gratifying adaptation to the demands of life on the outside.

Gerald Caplan's clinical observations and treatment methods have pioneered a widely accepted model of people facing a variety of acute and severe difficulties (Caplan, 1964, 1974; Caplan and Gruenbaum, 1967). Caplan observed that people are constantly faced with situations calling for problem-solving activity and with minimal delay the individual usually solves his problem with habitual mechanisms. During the brief period before the solution, the individual can be expected to experience some minor tension or anxiety, but the individual will not feel the anxiety to be excessive if the period without solution is not longer than previous experience. However, if the

individual cannot solve the problem with habitual coping strategies, tension will continue to rise and "disequilibrium" of stable functioning will result. When an individual reaches the final stage of major upset and disequilibrium, he is said to be "in crisis." Crisis, in Caplan's model, thus refers to an inner state or syndrome and not an external event, an important distinction because it allows for individual variation in response to an event.

A recent book by Norris Hansell (1976) integrates his own and other authors' (Caplan, 1964; Spiegel, 1953; Vitosky, 1961) observations of how people in crisis think and behave. Hansell describes a set of six common characteristics of people in crisis, a syndrome that he labels "crisis plumage."

1. The individual shows a narrowed, fixed span of attention. Ordinarily a person sifts through and arranges thoughts until he generates an idea that is satisfactory; during crisis his thoughts get stuck. The loss of scanning ability interferes dramatically with normal problem solving strategies.

2. The individual displays a weakening of his affectional attachments, and as the patterning of socially directed activity breaks down, persons report feeling separated, distant, and "unhooked." Concomitant with the weakening of regular attachments is an increased propensity to initiate new attachments. It appears that people in crisis will often give up whatever is old and latch onto whoever or whatever is available.

3. A "loss of self-sameness-through-time" that weakens the pre-crisis sense of self. The individual is apt to pick up a new identity from his social surroundings and may arrive at a comforting, though not necessarily adaptive, definition of self that is wrested from the chaos of crisis.

4. During a crisis period, role behavior, as well as most other behavior, becomes random and seems to break down. The individual appears impulsive and irresponsible.

5. The breakdown of repressive defenses suspends this filtering process and the individual falls prey to his most frightening fantasies and recollections.

6. People in crisis seem unable to assign differential weights to the various options that confront them. The meandering character of the decision-making process is a hallmark of people in crisis.

The above description of a person in crisis clearly indicates a state of disequilibrium, where regular adaptive behaviors are aborted. Somewhat paradoxically, however, certain characteristics of people in crisis actually support the development of helping relationships. The danger of long-term dependency is obvious, but the individual's heightened receptivity to new affectional attachments makes him most susceptible to influence from others and thus provides the mental health worker with a leveraged opportunity for potent intervention. Caplan (1964) writes:

> ...in crisis...as the individual's tension rises to a climax he begins not only to mobilize his own resources, but also to solicit help from others...During the disequilibrium of crisis, the individual is more susceptible to influence by others than at stable times of functioning...This means that the help offered him by significant others may have major effects in determining his choices of coping mechanisms, which in turn influence the outcome.

Since Caplan's seminal contributions to crisis theory, a number of authors have written on the methods and techniques of crisis intervention. A review of several of these authors (Caplan and Gruenbaum, 1967; Hansell, 1968, 1970; Jacobson, 1974; Langsley and Kaplan, 1968; McGee, 1974; Speer, 1972) reveals a basic similarity in approach, with the following components of crisis work being generally accepted.

1. Timing. Repeated visits as soon as possible after the crisis precipitating event.

2. Overall Goal. Restoration of the pre-crisis level of functioning. If intervention is of a preventive nature, then competent coping with the situation is the primary goal.

3. Immediate Goals. Establish a plan of action through decision-counseling method. Expression of appropriate affect. Reconstruct positive self-concept. Interfere with regressive coping behavior. Reduce anxiety level through drugs, regular appointments and developing a sense of having begun work towards solution.

4. Therapist Orientation. The therapist has an active, pragmatic and flexible attitude towards treatment. He conveys an optimistic stance and stresses the transitional nature of the professional relationship to avoid dependency and to foster self-esteem.

5. Minimal Use of Institutionalization. Treatment is conducted in the client's natural environment to preserve the person's integrity and avoid the crisis of re-entry.

6. Maximal Use of the Family and Support Networks. The support of the family and friends is enlisted to help the person in crisis cope with his situation. When appropriate, the problem is seen as a family problem and treated as such. This orientation can help the family in dealing with future crises.

7. Maximal Use of Expectations. The expectation that the person will get over the crisis is stressed at all times.

The Ex-Con's Return To His Community

The problems and psychological hazards facing individuals returning to their homes or communities after long periods of living in a radically different environment are well documented (Freeman et al., 1963; Gruenberg, 1967; Mendel, 1966; Ruesch, 1966). Recently released psychiatric inpatients (Freeman, 1963; Michaux et al., 1969; Rog and Raush, 1975) and returning overseas veterans (Caron and Knight, 1974; Lifton, 1973; Strange, 1974) are two groups that have received much attention from mental health professionals. In contrast, the psychological problems facing the recently released ex-convict have been virtually ignored.

Upon release the ex-con must immediately secure all his basic, life-sustaining necessities. Although the inmate is supposed to have a suitable residence and at least a promised job before being granted parole, the reality is that most of these home situations have been problem plagued in the past and the hoped for job is often gone by the time the ex-con is finally released. Inmates in Ohio prisons earn 10¢ an hour for their labor and upon release usually have $40-$60 to bankroll their new start on life. For the most part, the prison's efforts at rehabilitation are a "bust" (Ericson et al., 1974; Friedman, 1971). In fact, because prison is such a stressful environment, the bulk of all rehabilitation efforts aim at helping the man adapt to prison life and virtually ignore any long standing psychological difficulties. Additionally,

most prisons are grossly understaffed; the Ohio State Reformatory in Mansfield, the cite of the present study had, at the time of this research, only one licensed psychologist and one consulting psychiatrist for its 1,000 inmates. Thus, the man who is freed from prison often carries with him at least the same problems he brought with him to prison and is returning to the same environment which fostered his pre-incarceration life style. Further, prison teaches the inmate to relinquish personal responsibilities. The inmate is ordered when to eat, when to sleep, work, play, etc. There is little opportunity to practice constructive problem solving or to deal with the natural frustrations and uncertainties of community life. In short, the inmate is socialized to become a good member of the prison community, a task that is very different from becoming a productive member of society.

Rationale For The Present Study

The present study is a beginning effort to test and de-bug an innovative method of helping the ex-con make a successful transition from incarceration to freedom. This study views the parolee's return to his community as a highly stressful event that should reliably provoke a crisis reaction in a large number of parolees. The crisis of re-entry thus provides a leveraged opportunity for counseling, when small efforts can produce relatively large effects on an individual's outlook and on his direction of adjustment. The method entails an outreach crisis counseling program, drawing upon the methods described above but specifically designed to meet the needs of the recently released ex-con. The counseling relationship is offered to the ex-con in addition to parole, not as a substitute for it.

METHOD

Summary Of The Design

To test the effectiveness of outreach crisis counseling with recently released ex-convicts, 36 men who had served at least 11 months in the Ohio State Reformatory (OSR) were selected. All were released on parole in the Cleveland District of the Ohio Adult Parole Authority during the month of July, 1973. Crisis counseling began approximately three weeks before release from prison, at which time the counselors met with the inmates in the visitors' room of the OSR. This initial meeting provided the inmate with an introduction to his counselor and to the goals of the program. The voluntary nature of participation in the program was made clear to the inmate, an effort to clarify his right to refuse further involvement. Counselors saw their clients two more times before release from prison and then conducted intensive outreach crisis counseling for ten weeks post-release. Control subjects were contacted only twice, when both experimentals and controls were given evaluation interviews at approximately six weeks and seven months post-release. The interviews were administered by specially trained interviewers and subjects were paid to participate. The interviews provided outcome data along with FBI arrest records, Parole Officer progress reports, and changes in self-concept as measured by the Tennessee Self-Concept Scale. Scales for measuring Quality of Social Network, Hostility and Aggression, Physical Health, Employment Record, Self-Disclosure, and for experimental subjects only, Quality of Counseling Relationship were derived from the evaluation interview.

Subjects

The 36 men chosen to participate in the present study were selected from the 49 men in the Ohio State Reformatory (OSR) who were placed on parole in Cleveland in the month of July, 1973. It was possible to create 18 matched pairs using the following dichotomous categories:

1. Race; black or white.
2. Age; above or below 22 years.
3. Length of time in prison; above or below 18 months.
4. Homicide related crime; yes or no.
5. OSR division; cell block or honor farm.

In each pair the two subjects matched on all five criteria, and one member of each pair was randomly selected and placed in the experimental group while the second was placed in the control group. Both the experimental and control groups consisted of 12 blacks and 6 whites. Experimental subjects averaged 22.9 years and controls averaged 22.6 years. Experimental subjects spent an average of 20.1 months in prison and control subjects averaged 23.1 months. All subjects were less than 29 years old and no man had more than two felony convictions. Each group had three men who were convicted of homicide and both groups had five men who spent at least half their sentence on an honor farm or youth camp.

Counselor Training

Although each counselor was selected on the basis of their natural helping skills, a structured training program was designed to refine these skills and to teach the specific methods and techniques of crisis intervention. Training commenced with an all day introductory meeting and continued with 12 weekly sessions, each lasting about two hours. Sessions typically consisted of a brief theoretical discussion of the utility and effect of a certain technique, followed by behavior rehearsal, role playing and feedback. These training sessions were distinct from the bi-weekly "Gestalt Group," which was provided for group consultation on selected cases and personal support for staff members in their difficult roles. Although each training session focused on a particular technique or counseling objective, core skills like sensitive listening, reflecting back, and communicating warmth and sincerity were seen as the building blocks of all counseling interactions; accordingly, these core counseling skills played a part in nearly all training sessions. Early sessions focused on methods of quickly establishing

and maintaining a relationship of trust. It was suggested that counselors be open and honest, allowing the client to "see the person behind the role." Counselors were advised to hold back interpretations and to concentrate on building rapport and mutual respect. Counselors attempted to build trust and prove their reliability quickly by providing their clients with a concrete accomplishment while the client was still in prison; e.g., bringing a message to someone on the outside or checking out a job possibility. The value of detecting and reflecting back aspects of the client's strength, i.e., "positive identity," was stressed as a method of establishing and strengthening the counseling relationship. The use of reflective listening in debriefing the client on his prison and homecoming experience was seen as a crucial step in terms of both creating an effective working relationship and providing the client with the kind of emotional relief and growth experience that is beneficial to making a successful transition to community life.

It was anticipated that upon release most clients would show the kind of cognitive disorganization that is common among persons in crisis (Caplan, 1964; Hansell, 1968, 1970) and the training was designed with that assumption in mind. Counselors were directed to first help the client focus his attention on one problem at a time. Reflecting back, frequent clarifying and summarizing, and "selective inattention" were taught and suggested as means of helping a client think clearly. If a client showed scattered attention, it was recommended that the counselor help the client actually write down a "laundry list" of all complaints, so that together they might decide on priorities. The client was asked how he would want the situation to be, instead of how it is right now. The counselor was then able to help his client assemble all positive options and action plans that would fit within the client's value system. Counselors were asked to provide positive reinforcement for any movement toward success and to help clients perceive their failures in terms of the client's standards

of excellence. In this way, the client could learn to interpret his failures as reflecting corresponding standards of excellence, thus becoming aware of his own values and standards, which are indeed an important aspect of one's own identity.

The use of "contracts" was suggested as a means of breaking down a large goal into a series of short-term "do-able" projects. Contracting forces the client to assume responsibility for his own behavior and the introduction of a time factor can act as a motivational force. Contracts that include mutual responsibilities give the counselor an opportunity to demonstrate his trustworthiness.

Training was meant to serve two major functions: (1) to improve the counselor's ability to assist the ex-con in his difficult transition from prison to the community, and (2) to standardize at least roughly the techniques and methods used by the counselors. This second goal of the training was critical if we were to aspire to a valid and reproduceable test of crisis intervention. Unfortunately, there was more variability in the independent variable than we had anticipated.

The Actual Counseling: The Independent Variable

Each counselor's first task was to clarify his role for his clients. Because this was a new program, inmates had never heard of the Ex-Con Community Re-Entry Team (the official name of the program), and they were usually somewhat suspicious of their unsolicited visitor. It was thus critical for the counselor to present himself as a valuable resource for the inmate and as a kind of person the inmate would desire to establish a relationship with. In an effort to reduce initial anxieties, clients were assigned counselors who were the same race as themselves. It is felt that, as a whole, counselors were successful in clearly representing their roles and enlisting some early enthusiasm on the part of most inmates. Only one man expressed clear reservations about his counselor contacting him in the future.

All of the counselors reported feeling some degree of pressure about the prospect of "selling" the program to their clients or facing immediate failure. Counselors thus were forced to prove their worth quickly. Most tried to provide their clients with some sort of concrete accomplishment (e.g., carrying a message to the outside or checking out a job possibility) while the man was still in prison. Counselors also felt caught between attempting to foster a sense of independence on the one hand, and on the other hand highlighting the difficulties of adjusting on the outside, thus fostering some sense of dependency that might promote a therapeutic alliance with his counselor.

Once the inmates were released, the uniquely demanding nature of outreach work further contributed to the counselor's feelings of uneasiness and insecurity. The outreach counselor does not have the support system inherent in most professional or institutional positions. He would have to cope with the client's often long standing fear of "the man looking in to see how you're doing." Further, the outreach counselor is constantly on unfamiliar ground. He must work on the "client's turf" and accordingly must make numerous decisions without the opportunity to consult with his colleagues.

Most counselors seemed to respond to these pressures by stressing the non-psychological aspects of their role. For example, they unanimously rejected the title "counselor" and referred to themselves as "advocates," a reflection of their role concepts. They also emphasized the vocational counseling aspect of their roles and acted as brokers for community resources, in preference to the role of personal or human relations counselor.

It was hoped that anchoring the training on specific counseling methods and techniques would act to counter counselors' fears and avoidance of "mental health counseling." In order to remind the counselors of our specific mental health objectives, and to obtain data on their perceived counseling roles, we

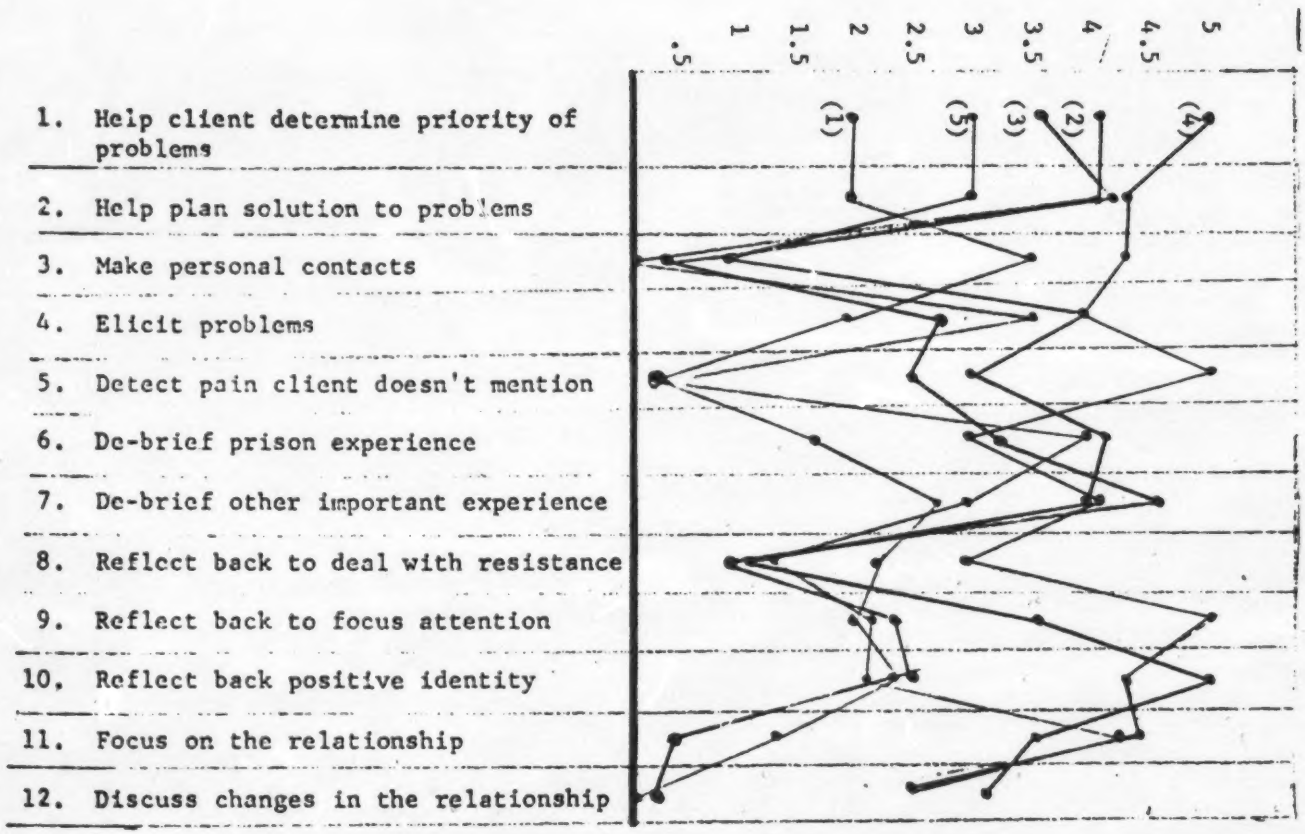
asked them to complete a detailed Counseling Guide and Recording Form* (CGRF) at least once every two weeks.
periodically to assess their roles. The CGRF is discussed below in more detail.

As mentioned above, there was significant variability in the nature of the service delivered. Each of the counselors had his own unique style and, of course, some of the clients needed a counseling relationship more than others. The amount of time counselors spent with their men ranged from an average of 4.5 hours per week to less than one hour per week. Unfortunately, one of our counselors managed to avoid ever turning in any recorded data on his counseling sessions, so we can only speculate on how little he actually did with his clients. The other counselors also reported considerable variability in their efforts to use the techniques studied in the training sessions. Table 1 represents each counselor's reported expenditure of effort towards utilizing 12 specific counseling techniques. It can be seen that, in general, counselors put somewhat more effort into the less psychological tasks represented on the left hand side of the table (e.g., determining priorities). But perhaps the most striking aspect of the table and the counseling as a whole is the lack of any sort of a consistent pattern.

*Copies of all forms are available from the author upon request.

Table 1

Counselor's Report of Amount of Effort Used on Twelve Counseling Techniques



Note: Numbers in parentheses represent each counselor.

RESULTS

Between Group Comparisons

Counseling was offered to 18 men one month prior to their release on parole. Of these, 15 men received some degree of crisis counseling, one had his parole transferred to another city, one was already in a counseling relationship with a local priest, and one refused counseling. FBI and Ohio Adult Parole Authority records were reviewed for all 18 men offered the program and for the 18 matched controls. Follow-up evaluation interviews were often difficult to obtain, but we did manage to conduct these interviews with 15 members of the experimental group and 15 members of the control group. Accordingly, complete evaluation data were obtained for 12 of the 18 matched pairs.

The primary analysis of data compares experimentals (counseled cases) and controls (not counseled) with respect to outcome variables, and we were able to find no significant differences. A secondary analysis takes a closer look at the counseled group, comparing outcomes against specific components of the counseling process and against a few key demographic variables.

There were more convictions and more arrests among counseled cases than among controls, but the differences were not significant as determined by a sign test for correlated samples (Table 2).

Table 2

Comparison Between Control and Experimental Groups on Criminal Recidivism

	Control	Experimental	p
Number of men with new felony convictions	4 (22%)	8 (44%)	.29
Number of men with new arrests	9 (50%)	11 (61%)	.39

Note: n = 18 for each group.

Even though a criminal recidivism was not immediately reduced in the counseled group, we investigated changes in personality that might predispose clients to superior long term adjustment. We investigated self-concept as measured by the ten subscales of the Tennessee Self-Concept Scale (TSCS), hostility as measured by our Hostility and Aggression Scale, and openness as measured by our Self-Disclosure Scale (both the HAS and the SDS were derived from the evaluation interview). However, no significant differences were revealed by a t-test for matched pairs (see Table 3).

Table 3

Comparison Between Experimentals And Controls On Personality Factors

	Controls		Experimentals		t-test
	Mean	SD	Mean	SD	
Total Positive Identity (TSCS)*	339	33	338	24	.15
Hostility And Aggression Scale	7.5	.56	7.7	.55	.15
Self-Disclosure Scale	6.25	1.8	7.5	2.6	1.58

*This subscale is an overall estimate of self-esteem, which the author of the scale considers the most important subscale in the TSCS. Nonsignificant group differences were also found on the Identity Score, Self-Satisfaction Score, Behavior Score, Physical Self-Score, Moral Self-Score, Personal Self-Score, Family Self-Score, Social Self-Score and Self-Criticism Score.

Note: N = 12 matched paris in all cells.

Since one goal of the counseling process was to help the client establish a non-criminal and supportive social network, we compared the two groups on a scale designed to measure quality of social support network. Both the experi-

mental group and the control group had a mean Social Network Scale of 4.2, indicating that no difference in the quality of the social network was detected.

An examination of reported physical health again revealed no differences between the experimental and control group. Experimentals reported more symptoms ($\bar{X}$=3.5) than controls ($\bar{X}$=2.7), but a *t*-test for matched pairs produced a *t* of 1.39 and the differences was not significant.

Measures of employment and job satisfaction were derived from the second interview, but neither variable revealed a significant difference between controls and counseled cases (see Table 4).

Table 4

Comparisons Between Experimentals and Controls on Employment

	Controls	Experimentals	Number of matched pairs	p
Number of men working > 50% of the time in first 6 months of parole[a]	8	5	12	ns
Mean score on job satisfaction scale[b]	33	28	12	ns

[a] Groups compared using correlated Chi-square, X^2 = .16

[b] Groups compared using correlated *t*-test, *t* = 1.3

Within Group Comparisons

Within just six months after their release from prison, 8 of the 18 men assigned to the experimental group were convicted of a new felony and back in prison. While none of the remaining men appeared to move easily into a middle class existence, several were working and appeared to be on the road to becoming

productive, responsible members of their communities. This section looks at this wide discrepancy of outcomes among the counseled subjects, and more specifically at how counseling may have influenced their lives.

The Global Quality of Counseling Relationship (GQCR) was derived from ratings performed by counselors and clients. It was found that the correlation between outcome (defined by the presence or absence of a new felony conviction) and the client's score on the GQCR was highly related, $r_b = .62$, $p < .05$. Furthermore, a glance at the sampling distribution reveals that not only is perceived good counseling associated with a good outcome, but poor counseling is associated with a poor outcome. This .62 correlation indicates that as much as 38% of the variability (r^2) associated with the range of outcomes can be attributed to the variability in the quality of counseling.

Since the GQCR is composed of the average score between the Client's Report of the Counseling Relationship and the Counselor's Report of the Counseling Relationship, we attempted to see if either of these scores was dominantly responsible for the significant correlation. Neither score appears to be more important, as the correlations between the client's report and outcome, and the counselor's report and outcome are exactly equal, $r_b = .54$.

It was hoped that more specific information about how counseling affected outcome could be obtained by an individual item analysis of the 22 questions that make up the GQRS. Scores on the individual items were correlated with outcome by means of Fisher's Exact Probability Test. Results show that Question 3 of the Counselor De-brief, an assessment of the amount of work done with the client's family, was significantly correlated to outcome, $p < .05$. Scores on none of the other individual items appeared to be significantly related to outcome.

The experimental and control groups were compared on several variables

that traditionally have been used to assess adequacy of adjustment. Having established the importance of the relationship between the quality of counseling delivered and outcome, it might prove interesting to assess the impact of self-concept, quality of social network, physical health and employment on both outcome and the quality of counseling delivered. Unfortunately, no significant correlations between the GQCR and self-concept ($\underline{r}$=.17), social network ($\underline{r}$=.0), physical health ($\underline{r}$=.17) or employment record ($\underline{r}$=.13) were detected. Correlations between a new felony conviction and each of these variables were also examined and again, no significant associations were revealed; self-concept ($\underline{r}$=.02), social network (r=.26), and physical health ($\underline{r}$=.04).

Finally, the influence of demographic variables used to create the experimental matched pairs were examined in relation to both outcome and the quality of counseling delivered. The correlations between race and outcome (r_{phi}=.41), age and outcome (r_b=.02), and number of months spent in prison and outcome (r_b=.01) were all not significant.

The correlation between race and the quality of counseling delivered (GQCR), however, was highly significant, (r_{pb}=.79), $\underline{p}<.01$. This correlation could indicate that the above reported relationship between outcome and the quality of counseling delivered is an artifact of the relationship between race and the quality of counseling delivered. To investigate this question, a partial correlation between outcome and the GQCR, holding race constant, was performed. Results show that "partialling" out race reduces the correlation between outcome and the GQCR score, but the result is still significant, $r_{12.3}$=.54, $\underline{p}<.05$.

The remaining demographic variables were correlated with quality of counseling and no significant associations were revealed; age and GQCR ($\underline{r}$=.27), number of months spent in prison and GQCR ($\underline{r}$=.27), and type of crime committed and GQCR ($\underline{r}$=.27).

DISCUSSION

The present study of intensive crisis intervention with recently released ex-convicts has not produced clearly positive or negative findings. There was no direct evidence that either the counseled group or the control group was performing more satisfactorily on any of the variables monitored. Moreover, the statistical question posed by our data was not to detect the significance of positive findings, but rather to check the significance of small but consistent negative findings on criminal recidivism, employment record, feelings of hostility and physical health. None of these differences was statistically significant but their consistency raised the possibility that controls may indeed have fared better than experimentals. These consistent findings, however, could all derive from one variable; i.e., counseled subjects were superior to controls in "self-disclosure." Though the difference between the two groups was not significant, the t of 1.58 indicates a larger difference than any of the small negative findings mentioned above. This is important because all data that provided comparisons between the groups (with the exception of arrest records) came from self-reports given during the evaluation interview. Obviously, one would expect counseled subjects to be more trusting than control subjects of a stranger who identified himself as a member of the same organization his counselor worked for. The experimental subject should have previously discussed with his counselor many of the questions raised by the evaluation interview. The client probably discovered that discussing such questions can be helpful or, at least, not harmful. The control subject, on the other hand, can be expected to be naturally suspicious of giving out personal information to an organization he has had only minimal contact with, especially information that is potentially incriminating. Nevertheless, control subjects did show fewer new arrests and convictions and some reasons for this result are discussed subsequently.

In view of the well established difficulty of working with this population (Amos, 1974), our suggestive finding that the quality of crisis counseling may be strongly related to client outcome is seen as promising. Two independent measures of the quality of counseling and a combined global rating (r_b=.62) each show a significant correlation between the quality of counseling delivered and the presence or absence of a new felony conviction. This correlation suggests that as much as 38% of the outcome variance can be associated with the quality of counseling delivered.

Lessening the clarity of this finding is the fact that quality of counseling ratings were higher for white clients and white clients also showed a lower rate of recidivism (only one of the six white counselees became a recidivist). Accordingly, the correlation between quality of counseling and outcome may be an artifact of race. To examine this possibility, we ran a partial correlation between quality of counseling and outcome, holding race constant. Results show that even when race is "partialled out," outcome and quality of counseling are still significantly associated. This suggests that crisis counseling as delivered in the present study may have influenced outcome. When counseling was rated as relatively good, the client's outcome was likely to be good; when counseling was rated as relatively poor, outcome was likely to be poor. It seems possible that some counseled subjects perceived their counselor as a powerful support who would intervene to protect his client if the client should again get in trouble with legal authorities. Of course, an experienced counselor might anticipate this fantasy and would attempt to help his client gain a more realistic picture of the counseling relationship. On the other hand, a poor counselor may inadvertently foster this fantasy, tempting some men to take certain risks they might not have taken had they been control subjects or subjects who received good counseling. Unfortunately, half the outcomes were poor (9:18), suggesting that counseling was not always delivered with sufficient skill.

While our scale for measuring the quality of counseling is not a standard instrument that could provide absolute rather than relative indicators of quality, it seems likely that most of our clients received counseling of too poor a quality to be helpful. We believe there are several reasons for the low level of services often delivered. First, only partial funding was received and covered work with only a single group of parolees, whereas the orginal experimental design called for three successive groups. Accordingly, the experience acquired with the first group of men was never applied to subsequent groups. Further, it became clear that one of the counselors was not performing adequately, but the short term, intensive nature of the crisis program prohibited us from making staff changes. In fact, this counselor rarely saw his clients (of his four clients, three became recidivists and one refused counseling) and one can speculate this counselor's habit of making promises he did not keep had a damaging impact on his clients' adjustment. It now seems clear that the level of counselor and supervisor experience and skill remained too low to cope with the needs and demands of our clients. Moreover, outreach counseling makes especially heavy demands on a counselor, operating as he does in his client's environment rather than his own. A more detailed description of the unique difficulties of outreach work was presented in the Methods section of this paper.

In response to the demands of inner-city outreach work, some of the counselors were selected because of their life and community experience rather than their professional training or experience. It was hoped that counselors who would feel relatively comfortable working in rough, inner-city neighborhoods could help bridge the cultural gap between the clients and the program administrators. However, it is now apparent that each of the counselors felt quite insecure in his demanding job; the lack of optimal training and minimal staff support further damaged performance. Moreover, because counselors lacked a

sense of professional identity and competence, they felt threatened by and were defensive towards training and supervision. The "cool" macho style of the inner city is not congenial to the active self-confrontation and questioning which is essential to making productive use of training and supervision. For example, during staff development sessions, counselors occasionally responded so heatedly to questions from other counselors regarding their procedures that our outside consultant, an experienced group leader from the training staff of the Gestalt Institute of Cleveland, was at times unable to work through feelings and help the group to resume productive work. Ironically, counselors were selected in part for their confident macho style and inner-city affinities.

A key asset anticipated in the original conceptualization of the program was never fulfilled. It was expected that the level of stress and crisis experienced by the parolee would enhance his receptivity to a counseling relationship. However, the observed levels of crisis behavior were only moderate. Our errors in judgment and prediction may have sprung from socio-cultural ethnocentism. In anticipating the parolees' experience of reentering their home communities, the authors of the study probably projected their own feelings which, unfortunately, did not match those of the parolees. We now recognize that although these men had never before been incarcerated in a state prison, many had previous experience with re-entry into the community from local juvenile detention facilities. Accordingly, their experiences and expectations about social network reception were more diffuse than predicted. Additionally, pre-incarceration levels of social intimacy were probably lower than anticipated, and so the sense of loss that would be expected upon incarceration of a suburban, middle class sample population, did not develop. Further, the demands of the macho style that we observed so prevalently within this group made it even more difficult for the men to acknowledge the fears, anxieties and loneliness they did experience. And working with suppressed feelings was beyond the skill level of most of the counselors.

Although we believed most inmates about to be released on parole would respond favorably to the program's offer of assistance, we wanted the men to be clear that participation in the program was completely voluntary. Unfortunately, we underestimated the inmates' mistrust of the authorities and now suspect several program participants never really believed the program was independent of the judicial or law enforcement systems. We believe this hampered our efforts to establish counseling relationships with parolees who agreed to participate in the program largely because they feared not participating would look bad on their records. This half-hearted agreement to be in the program meant that a few experimental subjects never really developed the motivation to sustain a counseling relationship. Instead, these men saw the counseling team as another arm of "the man" who was trying to limit their freedom by telling them how to run their lives. The total counseling situation was obviously loaded with obstacles and it is a credit to a few counselors that some good counseling performances were given.

Had we been given the opportunity to apply what we had learned with this first group to subsequent groups of parolees, we would have made several important changes. The most fundamental change would involve a re-definition of the concept of the person in crisis. In order to take advantage of the opportunity offered by crisis we must be able to reliably identify the person in crisis. While some individuals seem to feel that the occurrence of certain traumatic events necessarily create crises (e.g., Lindemann and the loss of a loved one, 1944) and others feel that any request for psychological assistance denotes a crisis (e.g., McGee and the "hot line" phone call, 1974), the present author believes neither of these definitions is very useful to clinical practice. In the first case it is reasonable to assume that many people competently cope with even the loss of a loved one by utilizing their natural resources to accomplish the needed "grief work." And in the latter case, asking for psychological

consultation may, for some people, be a common and proven problem-solving strategy.

Another way of identifying persons in crisis comes from empirically observed characteristics of persons in crisis. This kind of definition would be composed of a particular constellation of behavioral and psychological phenomena. For example, we might diagnose an individual as being "in-crisis" if he displayed at least three of Hansell's elements of "crisis plumage:" scattered attention, a confused self-concept and apathy spiced with a tendency to act impulsively. However, if the mental health professional waits for the person exhibiting this unusual way of thinking, feeling and acting to become so bizarre that he is brought to the clinic, it may then be too late for leveraged intervention. The opportunity that crisis presents is a time-limited phenomenon. It is quite possible that the individual will "solve" his dilemma by acting in this unusual, psychotic-like fashion. Thus, it is critical for the mental health professional to intervene before the individual becomes comfortable or satisfied with a pathological "coping" strategy. Another important limitation of the post-hoc application of the crisis label comes from the overlap with other traditional diagnostic categories (e.g., acute schizophrenic reaction).

The above paragraphs discuss the limitations in three separate definitions of crisis. In brief review, these definitions are (a) crisis is necessarily created by the occurrence of certain events, (b) crisis is identified by a request for assistance, and (c) crisis is a psychological state or syndrome that includes specific ways of thinking, feeling and acting.

The present author believes that the third definition is the most useful (in terms of intervention) and that a working definition of crisis would contain the following additional components:

1) The occurrence of a specific event or situation that the individual believes is personally important and to which he feels he has not adequately responded. The individual, consciously or unconsciously, feels that this failure has far reaching implications for his view of himself and his entire personal system of meaning.

2) The person in crisis recognizes the need to make an important change in his life. He may simply seek advice from those around him or he may request professional assistance. This is a critical point, because the individual in crisis cannot remain in this uncomfortable state and will make some sort of a change, be it adaptive or not.

This is not to say that any person displaying the kind of unusual behavior described above is not in a kind of crisis state, it just means that the operational definition of crisis as proposed by the present author also includes the idea of being in a state of searching. This refers to a search for a new or more adaptive means of coping with the problem situation. This is why crisis provides a brief period of exquisite accessibility. Crisis is the point where a person realizes his failure and its significance, and is actively searching for something better. Without this element of urgent quest in the face of a deteriorating situation, what we identify as crisis behavior is no different from other bizarre and unmanageable psychological states.

It is the goal of crisis intervention to seek out and reach persons at precisely these points of leveraged opportunity. One method of reaching people in crisis is to identify groups of people predictably experiencing a common trauma and to intervene with a kind of mental health mass innoculation. The present research is one such attempt, predicting the release from prison to be a common trauma, but clearly, it was not necessarily a crisis. Future research might select an experimental sample of men who appeared to be searching for a more productive means of coping with their difficulties. Accordingly, the opportunity for a focused and intensive counseling relationship would be offered only to those who desired it. This approach would probably have excluded those who were going to "make it" without outside help and those who had no intention of

trying to make a productive contribution to their community and remain "crime free." Those selected would be men who at some level had decided to do things differently than they did when they were last on the streets and felt they needed some help with this task. From the viewpoint of crisis theory, a program that required the inmate to make some minimal effort to contact his helper would reach those who were experiencing their first parole as a potential turning point in their lives, satisfying the author's requirements for being in a state of "searching."

Accordingly, a pamphlet describing the counseling service could be mailed to all inmates who applied for parole in the Cleveland district. The pamphlet would come through the U.S. Mail and would stress our non-affiliation with any law enforcement authorities. To participate in the program, the inmate would be required to fill out and return a form requesting a meeting with a member of the program. For research purposes, a random half of those responding would be offered only minimal contact or referral.

Another important lesson we learned from this initial effort pertains to the kinds of counselors selected for this difficult role. Based on our experience in the program, we would now try to hire people with previous training who were highly motivated to work with this population. Our experience suggests that socio-cultural similarity between the counselors and the parolees is not critical, but an open minded attitude and a desire to become involved in preventive community mental health was probably more important. I believe the most important ingredient in good counseling is the counselor's desire to be helpful. An honest dedication to meeting his client's needs fosters a warm, trusting relationship that in turn promotes successful treatment. Professional training helps the counselor cope with his own anxieties by building a sense of professional identity and provides a comprehensive framework within which the counselor can better understand his client's behavior. Furthermore, the counselor who has

had some training could be expected to be more open and able to utilize supervision and staff development sessions; a closer, more independent group of counselors who were able to exploit each other's areas of special expertise could be expected to develop. Outreach work often leaves one feeling isolated and insecure, this increased support would be extremely valuable. Of course, the counselor who was both professionally experienced and personally familiar with the inner-city would be the ideal crisis counselor for this population. The reader may note that each of these proposed changes concerns the participants in this program rather than theoretical issues. My experience as an administrator of such a program has enlightened me to a host of delicate issues regarding program implementation. At the same time, my personal experience with delivery of the actual intensive crisis counseling service has strengthened my belief in the potency of this model.

The present study was a pilot attempt to mass innoculate a population at risk, a preventive community mental health effort. Although the results may appear to be less than encouraging, the reader should keep in mind that the present study was not meant to be a definitive test of the applicability of intensive crisis intervention with recently released inmates. Rather, this was an exploratory effort aimed at de-bugging the model and providing an experimental foundation for future, more ambitious efforts. I believe this goal has been accomplished and the results suggest that good quality crisis counseling can be helpful. A more refined approach to counselor selection coupled with a more focused target population is an exciting and hopeful promise for the future.

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